



# Healing Your Traumatized Child

A parent's guide to children's  
natural recovery processes

Aletha J. Solter, Ph.D.

ALSO BY ALETHA J. SOLTER, PH.D.

*The Aware Baby*

*Tears and Tantrums*

*Raising Drug-Free Kids*

*Attachment Play*

*Cooperative and Connected*

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*This book is dedicated to all the traumatized children  
in the world in the hope that they will receive  
the support they need in order to heal.*



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## **The Recognition of Childhood Trauma**

IN THIS CHAPTER, I offer some background information that places childhood trauma in the context of child development, cultural history, and evolution. These three perspectives contribute to our understanding of childhood trauma and its treatment.

### **Children are not miniature adults**

As a developmental psychologist, I am acutely aware of the differences between children and adults, and these differences affect how trauma impacts children and how they heal. An understanding of child development can help to clarify these differences.

### ***The impact of trauma on children compared to adults***

Several developmental factors help to explain why trauma affects children differently than adults. First of all, children have immature brains. From conception through the first few years after birth, the brain develops rapidly, and it continues to mature until we are at least twenty years old. Researchers have learned that the nervous system develops and organizes itself in response to experiences. One of its functions is to learn about the threat level of the environment and develop neural structures and functions that will help the child survive in that environment. If a child grows in an environment full of unpredictable threats or repeated painful, frightening experiences, that child's neurological development will be different than that of a child whose early environment is less stressful.

Early experiences can even determine which genes will express themselves, and children can be affected by stress or trauma before birth. Studies have found that maternal stress, anxiety, or depression during pregnancy can affect the fetus' developing brain. It's true that traumatic events that occur during adulthood can deeply affect a person's behavior and emotions. However, they won't impact the basic structure and function of the adult brain because it is already fully mature.

Secondly, children are more vulnerable than adults because of their total dependency on others to provide food, shelter, clothing, protection, information, connection, and love. Children don't have much power or freedom to make major decisions about their lives. As adults, we can take steps to meet our own needs and ask for help if necessary. We also have more control over our lives as well as more knowledge and resources which enable us to avoid painful or threatening situations and protect or defend ourselves when possible.

Thirdly, children have less information, experience, and perspective than adults. A two-year-old child who has surgery cannot fully understand the reason for it and has no way of knowing if the separation from her parents or her post-surgical pain will ever end. As adults, we understand the need for medical interventions, and we know that the pain won't last forever. When a young child's mother dies, he learns that major attachment figures can disappear. Abandonment becomes an entrenched part of his mindset and subconscious expectation, because he lacks the perspective to know that it doesn't always happen. When a 50-year-old man's mother dies, he will feel sad and need to grieve, but the death probably won't affect his expectation for attachment relationships.

In summary, a major difference between children and adults is that trauma during childhood provides the organizing framework for the developing brain, both neurologically and cognitively. Trauma that occurs during adulthood has behavioral, physiological, and emotional effects, but it doesn't affect neurological or cognitive development.

often receive a diagnosis relating to hyperactivity, noncompliance, or aggression. Parents are less likely to seek help for children who frequently dissociate, because they are quiet and withdrawn, and their behavior doesn't usually bother other people. However, if these children do get diagnosed, it's usually with a disorder relating to anxiety, depression, inattention, or obsessive/compulsive behavior. In both cases, parents might be led to believe that the cause is genetic and that the appropriate remedy is medication. When unhealed trauma lies at the root of these behaviors, psychiatric medication will only mask the symptoms without helping the child heal.

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### **Misinterpretations of posttraumatic reactions**

<b>Possible misinterpretation</b>	<b>Correct information</b>
Children with hyperarousal behaviors are misbehaving and need discipline.	Children with hyperarousal behaviors don't consciously choose to act in these ways.
Symptoms of hyperarousal or dissociation reflect a child's inborn temperament.	Symptoms of hyperarousal or dissociation are often temporary physiological coping mechanism.
Symptoms of hyperarousal or dissociation indicate a genetically-caused psychiatric disorder that requires medication.	Symptoms of hyperarousal or dissociation can be reactions to trauma and can disappear without medication.

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The posttraumatic behaviors mentioned in this chapter occur when children do not feel completely safe and have not yet begun to heal. When children feel safe and connected after encountering a trauma trigger, they make use of the situation to activate natural biological healing processes which include laughter, specific kinds of play, crying, tantrums, and body movements. The following chapters explain how these healing mechanisms help children recover from trauma.

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## Misinterpretations of crying during infancy

Possible misinterpretation	Correct information
Crying during infancy always indicates an immediate need.	Crying during infancy has two functions: communication and healing.
After all immediate needs are met, crying indicates gas pains (colic), teething, or a difficult temperament.	After all immediate needs are met, crying can indicate healing from stressful or traumatic experiences (including birth trauma).
Infants cry excessively because they cannot self-regulate. Parents should calm them with sounds, rocking, feeding, or a pacifier.	Infants know how to balance their nervous system by crying. They need to be held but not calmed down.

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### *Misinterpretation of temper tantrums*

During the Middle Ages in Europe, people believed that children who had frequent temper tantrums were possessed by a demon, and parents were advised to beat the devil out of them. Later, this belief gave way to one that attributed tantrums to a spoiled child's willfulness and stubbornness, and the remedy was to break the child's will with severe punishment.

Nowadays, many people still believe that children who have temper tantrums are misbehaving or trying to manipulate their parents. One commonly recommended remedy is still some form of punishment. Instead of corporal punishment, however, many books advise parents to withdraw attention from the child with methods such as time-out. A common non-punitive piece of advice is to distract children during tantrums.

Another current belief is that children who have frequent tantrums are not misbehaving but are suffering from a regulatory disorder or other psychiatric condition. The recommended remedy is often psychiatric medication, which may calm them down temporarily but not resolve the underlying cause.

## References

### References for Chapter 1: The Recognition of Childhood Trauma

#### Children are not miniature adults

- Babenko, O. (2015). Stress-induced perinatal and transgenerational epigenetic programming of brain development and mental health. *Neuroscience and Biobehavioral Reviews*, 48, 70–91.
- Coates, S. & Gaensbauer, T.J. (2009). Event trauma in early childhood: symptoms, assessment, intervention. *Child and Adolescent Psychiatry Clinics of North America*, 18(3), 611–626.
- Thomason, M.E. & Marusak, H.A. (2017). Toward understanding the impact of trauma on the early developing human brain. *Neuroscience*, 342, 55–67.
- Van der Kolk, B.A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America*, 12, 293–317.
- Wu, Y. *et al.* (2022). Association of elevated maternal psychological distress, altered fetal brain, and offspring cognitive and social-emotional outcomes at 18 months. *JAMA Network Open*, 5(4):e229244. doi:10.1001/jamanetworkopen.2022.9244.

#### Pioneers in childhood trauma

- American Psychiatric Association (1980). *Diagnostic and Statistical Manual of Mental Disorders (DSM-3) (3rd edition)*.
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (5th edition)*.
- Bowlby J (1999). *Attachment and Loss* (vol. 1), New York: Basic Books [originally published in 1969].
- Cannon, W. (1932). *The Wisdom of the Body*. New York: W. W. Norton and Company.